

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-010206

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 117

STATE FILE NUMBER

FILED APR 8 1963

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lewis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kirksville		c. CITY OR TOWN Ewing	
Length of stay in 1b 17 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital & Cl.		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) SADIE BALLINGER CARTER		4. DATE OF DEATH MARCH 26 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-10-78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (City and state or country) Emerson, Mo.	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME EASIE BALLINGER		13b. MOTHER'S MAIDEN NAME LOUISA KERRICK	
14. NAME OF HUSBAND OR WIFE Lee Carter (D)		17. INFORMANT Hope Marie Jefferson City Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure Cerebral Thrombosis Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Anemia (6) influenza Congestive Heart Failure		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **March 9, 1963** to **March 26, 1963** and last saw her alive on **March 26, 1963**
Death occurred at **9:15 P.M.** on the date stated above, and to the best of my knowledge, from the cause stated.

22a. SIGNATURE James E. Gardner D.O.	(Degree or title)	22b. ADDRESS Burbank, Mo.	22c. DATE SIGNED 3-27-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/29-63	23c. NAME OF CEMETERY OR CREMATORY Emerson	23d. LOCATION (City, town, or county) (State) Emerson, Mo.
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24. FUNERAL DIRECTOR Anna K. Ball, Ewing, Mo.	25. DATE RECD. BY LOCAL REG. 3-30-1963	26. REGISTRAR'S SIGNATURE Doris W. Rattiff
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

DATE AMENDED

VS 300
Rev. 4/59

VS 300
Rev. 4/59

VS 300
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JAMES F. GARDNER, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

L. M. Crabill

Licensed Embalmer No.

4905

P. O. Address

Ewing Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.